Overview of CARES Preliminary Study Data for VISN 12

- **▼** FY2010 Demand for Health Care Services
- **▼** Current Facilities and Use Assessment Survey Baseline

March 2001

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1. Background

- ▼ The CARES Study is developing a market-driven, need-based methodology as the basis for providing veteran health care in 2010 with a sensitivity analysis to 2020. VISN12 is the pilot site for the CARES methodology
 - The Study is being undertaken with a recognition that:
 - The projected enrolled veteran in VISN 12 population is aging and declining
 - The priority 1-6 eligible enrolled veteran population is also declining
 - Aging carries with it implications for increased utilization
 - > The need for health care services for these groups has been projected by an actuary retained by VA using a number of sophisticated techniques
- ▼ The CARES study is also examining the condition and suitability of the existing facilities to meet potential future service models
 - Projected 2010 demand for health care services
 - > Draft facility and use assessment survey results are provided for:

 - √ Tomah
 - → Milwaukee
 - ✓ Madison VA
 - ✓ North Chicago
 - y VA CHCS
 - Lakeside
 - West Side
 - → Hines

2. Preliminary Projected 2010 Demand for Health Care

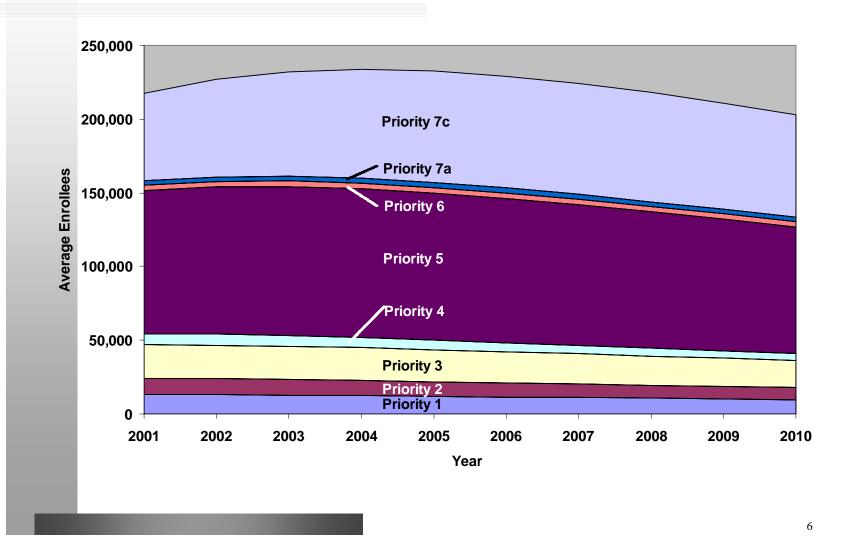
2.1 Methodological Summary For Projecting Demand

- ▼ The foundation for the projection of Veterans Health care needs in 2010 are actuarial projections:
 - > Using the veteran health care utilization and expenditure models developed previously by contractor/actuary for the Enrollment Level Decision Analysis
 - Incorporating enhancements to estimate demand for selected special disability and other clinical programs within VISN12
- **▼** The VA CARES team has expanded the demand model to include:
 - > Existing programs and services such as residential/domiciliary care not modeled by the acturial firm
 - > Adjustments to determine total, across the board service utilization for special disability programs
 - Restatement of future projections from private sector categories to VA Inpatient and Ambulatory/ Clinic Stop categories

The BAH CARES team will continue to test and refine the data and modeling requirements in order to maximize the usefulness of these projections

2.2 Projected Enrolled Population

(by Priority Level: 2001-2010)



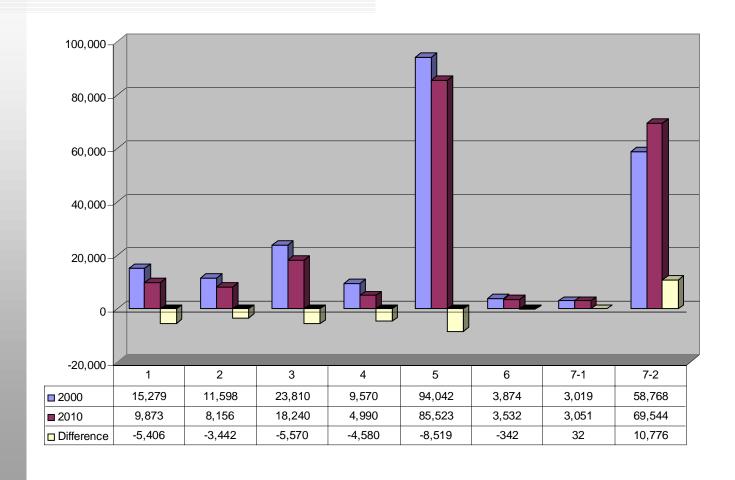
2.2 Projected Enrolled Population (cont'd.)

(by Priority Level: 2001-2010)

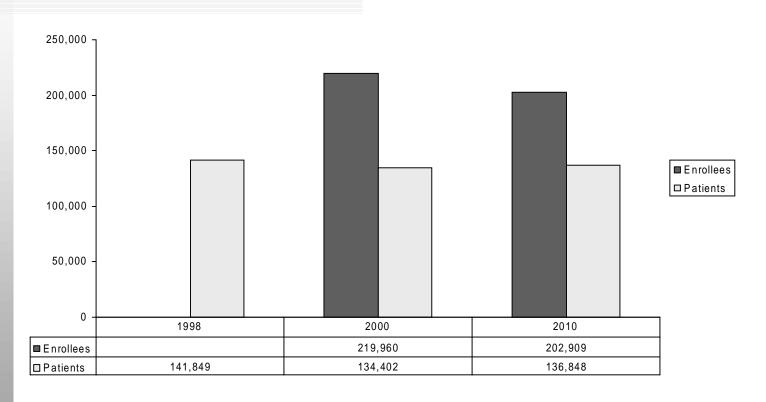
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Priority 1	13,500	13,229	12,881	12,489	12,070	11,635	11,192	10,749	10,308	9,873
Priority 2	10,792	10,726	10,530	10,257	9,937	9,590	9,231	8,868	8,508	8,156
Priority 3	22,719	22,827	22,637	22,244	21,713	21,091	20,409	19,696	18,968	18,240
Priority 4	7,610	7,454	7,199	6,897	6,574	6,244	5,917	5,596	5,287	4,990
Priority 5	97,119	99,936	101,038	100,834	99,629	97,663	95,127	92,178	88,943	85,523
Priority 6	3,309	3,511	3,640	3,716	3,749	3,749	3,723	3,675	3,610	3,532
Priority 7a	3,063	3,220	3,312	3,355	3,361	3,337	3,290	3,223	3,143	3,051
Priority 7c	59,499	66,279	70,924	73,837	75,336	75,685	75,107	73,788	71,889	69,544

2.3 Changes in Enrolled Populations

(by Priority Level: 2000-2010)



2.4 Enrollees vs. Patients (Users)



- Slight decline in enrollment
- Number of patients remains about the same.

Note: Chart represents enrolled users, excluding non-veterans.

3. Current Facilities and Use Assessment Survey Baseline

3.1 Facilities Baseline Methodology

- ▼ Two key data sources were developed by VHA and provided to the CARES team
 - > The Space and Functional Database
 - > The Facility Condition Assessment Database
- **▼** Other facilities data were provided as input to the baseline analysis
 - > Site and building plans for each Medical Center campus
 - > Costs related to facilities operations, maintenance and capital investment
- **▼** The Booz-Allen Facilities Team toured each Medical Center campus
 - > Data provided in the databases were validated
 - > Dialog with the Chief Engineers and staff on infrastructure and utilization issues
- Data gathered and validated during these visits has been aggregated for the purpose of assessing the impacts of service realignment and serving as the baseline for each Capital Asset Realignment Plan. These are presented in the attachment.